



PATENT

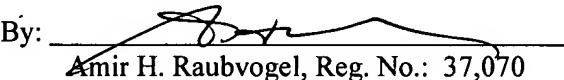
IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANTS: Sig G. Kupka
APPLICATION NO.: 10/629,052
FILING DATE: July 28, 2003
TITLE: Common On-Screen Zone for Menu Activation and Stroke Input
EXAMINER: Not yet known
GROUP ART UNIT: 2122
ATTY. DKT. NO.: 23412-08081

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: JUL 8/05 By: 
Amir H. Raubvogel, Reg. No.: 37,070

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

STATUS REQUEST

SIR:

Our file for the subject application reveals that there has been no action on this application since the filing of a Letter to Chief Draftsperson October 15, 2004.

Please inform the undersigned, at the below stated address, of the status of this application.

Respectfully submitted,
Sig G. Kupka

Dated: JUL 8/05 By: 
Amir H. Raubvogel, Reg. No.: 37,070
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TJW +

		Application Number	10/629,052
		Filing Date	July 28, 2003
		First Named Inventor	Sig G. Kupka
		Group Art Unit Number	2122
		Examiner Name	Not yet known
Total Number of Pages in This Submission	2	Attorney Docket Number	23412-08081

ENCLOSURES <i>(check all that apply)</i>	
<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Sheet(s) of Figure(s)
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s)	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/>
<input checked="" type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Amir H. Raubvogel, Reg. No.: 37,070
Dated:	JUL 8/05

CERTIFICATE OF MAILING	
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Signature:	
Typed or Printed Name:	Amir H. Raubvogel
Dated:	JUL 8/05
Express Mail Mailing Number (optional):	